

ARIZONA DEPARTMENT OF HEALTH SERVICES  
OFFICE OF CHILD CARE LICENSING

**WRITTEN RECORD OF ABSENCES OF STAFF AND CHILDREN DUE TO COMMUNICABLE DISEASE OR INFESTATION**  
**AS STATED IN A.A.C. R9-6-202.C.**  
**~ R9-5-515. D. ~**

LOG FOR: \_\_\_\_\_  
(Child's or Staff's Name)

Facility Notified		Type of Communicable Disease or Infestation	Notice Posted in Facility Entrance (within 24 hours of Notification)		Reported to Local Health Agency		First Date of Absence	Date of Return From Absence	Initials
Date	Time		Date	Time	Date	Time			

**RETAIN THIS RECORD ON FACILITY PREMISES FOR 12 MONTHS  
FROM FIRST DATE OF ABSENCE AND DATE OF NOTIFICATION**